### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (922)

2. USUAL RESIDENCE (HIC

City or town Salisbury

State Maryland

### CERTIFICATE OF DEATH

1.6	Reg. Dist. No. 116
OME) (	OF DECEASED:
Co	unty Wicomico
town limi	ta, write RURAL and give nearest town)
f rural, giv	e LOCATION)

Cambridge City or town (If outside city or town limits,, write RURAL-and give marest town) How long in above place of death? 3 years 6 weeks and 40 days Hospital, institution, or street address where death occurred Eastern Shore State Hospital

How long in hospital or institution? 3 years 6 months & 40 days 3. (a) FULL NAME

Carroll Lee Brewington, Sr. 6.(a) Single, married, widowed, or divorced

5. Color or race 4. Sex Widowed M 6.(b) Name of husband or wife 2 times last one Anne Bounds

It less than one day

March 20, 1976 deceased (mo., day, yr.)

1. PLACE OF DEATH:
Dorchester

9. Birthplace Salisbury, Maryland (Town, county, and state) unknown 10. Usual occupation....

11. Indusiry or business 12. Name William L Brewington E 12. Name. William L Brewington
13. Birthplace Salisbury Maryland

14. Maiden name Louve Maryland
15. Birthplace Salisbury Maryland
Lee Brewingto Carroll Lee Brewington Jr. (son)

206 N Park Drive Salisbury, Md.

(Date red d by registrar)

23. SIGNATURE.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH. July 23 19 46 , at 11:1 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Januaryn20 19 43, to July 23 19 6 and that I last saw h im alive on July 23 ts 46.

Genreal And Cerebral Arteriosclerosis

Due to Hypertensive 10 vr

Gardia-vascular disease

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Where did Injury occur? .....(City or town) Injured at home, tarm, industry, public place (where?) .....

Means of injury

MARGIN R

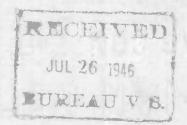
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important.

PLAINLY,

PLEASE

8. AGE:



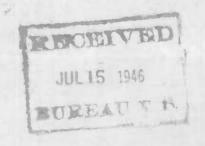
# PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Orchester	(For newborn infants give residence of mother)
/ / / / / / / / / / / / / / / / / / / /	State / Van County Dashol
(If outside city or town limits, write RURAL and give nearest town)	Calm had a
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4 Wart Tt
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
h 1 /	or (v) bosses butters, it is about
Daisy Ceshas	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemali Col Manuel	20. DATE OF DEATH 10 19.44 at 1.9:45
1 Into 1	
6(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Cerul 4 1946, 10 Jul 10 1946
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) 1894	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death OURATION
	Julyana Colema 4 Lang
57 0 78min.	annula (Abullale amb
Crembered & Md	01 10.
9. Birihpiace (Town, county, and gtate)	Due to Cha / My
~/ /e	
10. Usual occupation.	Due to
11. Industry or business	Due (U
12. Name Thomas Ifficen	Other conditions the Hyperten 17 mm
12. Name Thomas Thomas  13. Birthplace Aurlock My	
mi P OA A	(Include pregnancy within 3 months of death)
# 14. Malden name Lusa IV Llson	
14. Maiden name Rusa Wilson  15. Birthplace Cambula M	Major findings of operations.
2 15. Birthplace Cambridge	
18. Informant Lon Ce ha	Autopsy results
10. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Combuda	Intelliging and and the case to water access on the same and the case of the case
0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Was Leskeller	Where did injury occur?
( h.)	
Location Cambridge	Injured at home, farm, Industry, public place (where?)
MANUATT Rai Ta	Means of Injury Injured at work?
18. Funeral director	
Address Campudy M	D 11 ha AK CA TOUR
	23. SIGNATURE CLASSIC MATCHANT
18. 7-12- 18 46 John / Joes Jr 2	M. D. or other
(Date rec'd by registrar) Registrar	Address In Italia 15 Date signed 7-11-26



PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-04

### CERTIFICATE OF DEATH

06954 Reg. Diat. No. 116

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cambridge (Runal)	siate Maryland County Dorchester		
(If outside city or town limits, write RURAL and give nearest town)	Cambridge (Rural)		
How long in above place of death?	City or town Cambridge (Rural) (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:   Castle Haven Road, R.F.D.#3	Street No. R.F.D.#3		
How long In hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war		
Isaiah Chester	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored widowed	2D. DATE DF DEATH July 25 19 46 215-55P .m		
6.(6) Name of husband or wife. Ida Mortimer	21. I CERTIFY that death occurred on the date above stated; that I etlended deceased from		
7. Birth date of	X 19 10 X 19		
deceased (mo., day, yr.)  February - 1881	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Cerebral Haemorrhage 10 hrs.		
65 5 xhrsmin.			
9. Birthplace Maryland	Due toX		
9. Birthplace			
10. USUAL OCCUPATION	Due toX		
11. Industry or business Farm			
E 12. Name. William H.Chester I3. Birthplace Md.	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Nancy Morris 15. Sirthplace Md.	Major findings of operations.		
	Date of op.		
16. Informant Wm. H. Chester (brother)	Autopsy results.		
Address Cambridge, Md. R.F.D.#3	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
17 Blck meck Date thereof fully 28	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof (month) day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Leller & H O Sammer	Meene of Injury Injured at work?		
Address Cambridge	B. B. Shriver, Def. Med. Exam		
19 July 28:10 46 John More for De	M. D. or other		
(Date rec'd by registrar) Registrar	Address Cambridge, Md. Date signed 7/26/46		



Registrar

DURATION

BINDING FOR RESERVED

(ate rec'd by registrar)

PUREAU V.S.

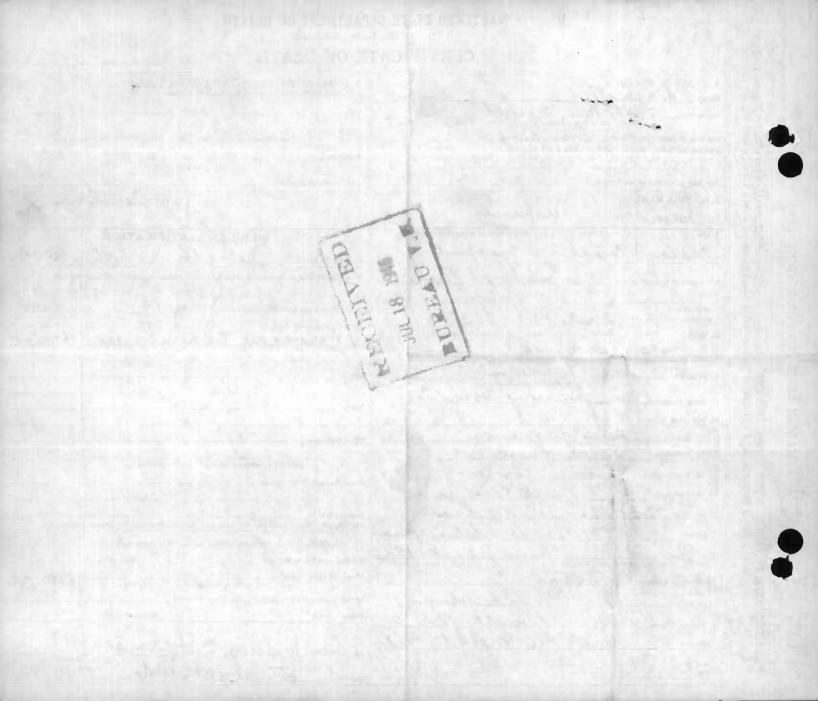
VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

		069	56
401		000	0011
1	Dam	Dist No.	//

CENTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Drichestys	
City or town	State
How long in above place of death? One Park	(If outside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or street address where death occurred	
	Street No
How long in hospitat or institution?	2.(a) If veteran, name war
Julius W. Deshauds	3. (b) Social Security Number
4. See   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Coloud married	20. DATE DE DEATH OLL 16 1946 at 5:00 A
8.(b) Name of husband or wife Mrs Julius W Washaud	21. I CERTIFY that death occurred on the late above stated; that attended deceased from
	July 16 1946 to July 16 1946
7. Birth date of	and that I last saw h. Anoth alive on the last saw h. 1946.
deceased (mo., day, yr.) Abril 17 - 1883	Immediate cause of death DURATION
8. AGE: Years Mynths Days It less than one day  3 /6hrs	Coronary Thrombosis 15 mini
8. Birthplace South Carolina	
8. Birthplace	Due to
10. Usual occopation manufactures of Cot meties	
Y Y	Due to.
11. Industry or business	_
12. Name Charles Destrands	- Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Munice Grain	
14. Maiden name Music Bracon  15. Birthpiace Sauch Carolina	Major findings of operations.
16. Informant Thro Julius II We shared	Autopsy results
Address 593/ Race St. Tuladelphia	
(Burial, cremation, or removal, Which?)  Date thereof fully 18-194 (mogth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the following;
(Burial, cremation, or removal, Which?)  Date thereof (mogth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Clinitary	Where did injury occur?
Location Philadelphia	Injured at home, farm, todustry, public place (where?)
2. 51 who 18 of	Means of injury Injured at work?
18. Funeral director	
Address Gart new market, Ind	4 Harrison MD
10 1. 12 WIL El aLTOOK -	23. SIGNATURE
Date reo'd by registrar)	Address Aurlock Mar Bate signed 7/16/46



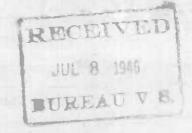
## MARYLAND STATE DEPARTMENT OF HEALTH

06957

		IE OF DEATH	Reg. Dist. No
City or town	chester  nbridge  ts, write RURAL and give nearest town)  1 yr.1 mon. 9 ds.  th occurred:  tern Shore State Hosp.  1 yr. 1 mon 9 ds.	City or town Rural near Cam (if outside city or town limit  Street No	F DECEASED: mother) unity Dorchester bridge a. write RURAL and give nearest town)
3. (a) FULL NAME	John Wesley Dunn		3. (b) Social Security Number
4. Sex Solor or race White	6.(a)Single, married, widowed, or divorced Widowed		ERTIFICATION 1546 219 . 451
7. Birth date of	Maggie Parrott	21. I CERTIFY that death occurred on the date ab  May 23	45 to July 2 19 4 July 2 19 4
8. AGE: Years Months 83 6	6 It less than one day	Arteriosclerotic	cardiac dis.
10. Usual occupation	ames Dunn	Bue to	
2	nknown Unknown		months of death)
Address Cambridge, Maryland  17 Sund Date thereof (month) (day) (year)  Cemetery or crematory Company (Maryland)		PHYSICIAN: Please underline the cause to w  22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	chich death should be charged statistically.  uses, fill in the following;  Date of
18. Funeral director.  Address Park Muse	Wilbughey, Market f John mare for	Means of Injury	Injured at work?  M. D. or other  Date eigned 7.1.2.1.44

VS A15

MARGIN RESERVED FOR BINDING



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## VS A15 9.45.15

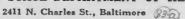
	2411 N. Charles St., Baltimore 50	*
	CERTIFICATE OF DEATH	Reg. Diat. No. 116
1. PLACE OF DEATH:  County	State Street No.	(HOME) OF DECEASED: give residence of mother)  Quanty  Quanty
3. (a) FULL NAME	wette Elliott	3. (b) Social Security Number
Terus le vaite Maria E.  6.(b) Name of husband or wife Daria E.  7. Birth date of deceased (mo., day. yr.) March 8 - 1.  8. AGE: Years Months Days If te	20. DATE OF DEATH	Date of op.
Location Address Cambridge Community	Where did injury occur?	(City or town) (County) (State)  y, public place (where?)  lpjured at work?  M(D) or other



19 to

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH



## 06959

Date signed July 16/

CERTIFICA	TE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Street No. Pine St. extended  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex  male   5. Color or race   6.(a)Single, married, widowed, or divorced   married	MEDICAL CERTIFICATION  20. DATE OF DEATH July 15 19.46 219-30P.
6.(b) Name of husband or wife Sadie Williams  8.(c) If allve, give age 45 years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  48 X X hrs. min.	and that I last saw h
9. Birthplace North Carolina (Town, county, and atate)  10. Usual occupation	Due to
14. Malden name X  15. Birthplace N. Car.  16. Informant Sadie Felton	(Include pregnancy within 8 months of death)  Major findings of operations
Address Pine St Cambridge, Md.  17. (Burisi, cremation, or removal. Which) Cemetery or crematory Cambridge (month) (day) (year) Location  18. Funeral director Alice H Barrane	22. VIOLENCE: it death was due to external causes, till in the following;  Accident, suicide, or homicide
Address Cantonage wat	23 SIGNATURE T. Shriver Del. Mad- Eyas

Registrar Address Cambridge,

Md.

John march

19.4.6

VS A15

PLEASE WRITE



MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1941)

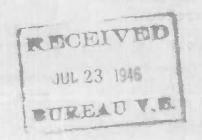


CERTIFICAT	TE OF DEATH Reg. Dist. No	116
1. PLACE OF DEATH: County.  Cambridge (If outside city or town limits, write RURAL and give neapest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)  State Maryland County Dorcheste: City or town Cambridge (If outside city or town limits, write RURAL and give neare  Street No. 29 Park Lane (If rurul, give LOCATION)  2.(a) If veleran, name war.	est town)
3. (a) FULL NAME Samuel J. Hooper	3. (b) Social Security No	umber
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE DF DEATH JULY 18 19 46	7-30P.
6.(b) Name of husband or wife Emma Jane Cornish  6.(c) If alive, give age 59 years  1. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  98 X X hrs. min.  9. Birthplace Maryland (Town, county, and state)  10. Usual occupation Laborer  11. Industry or business Farm  12. Name John Hooper  13. Birthplace Maryland  14. Maiden name Mary Chase	21. I CERTIFY that death occurred on the date above stated; that I attended decease  X 19 to X end that I last saw h X alive on X Immediate cause of death Chronic Myocarditis	ed from  19  19  DURATION  SEVET  YEAR
16. Intermant Emma Jane Hooper  Address 29 Park Lane, Cambridge, Md.  17. Julie Shart thereof (month) (day) (year)  Cemetery or crematory Conference of Cambridge (month) (day) (year)  Location  18. Funeral director Clausett Bayers  Address Canles and Cambridge (month) (day) (year)	Major hudiugs or operations.  Date of op.  Autopsy results	State)

Registrar Address....

Cambridge,

Md.



MARGIN RESERVED FOR BINDING

VS A16

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County			Street No.	Dorches ta, write RURAL and give ne	arest town)
3. (a) FULL NAME	Roland How	eth		3. (b) Social Security	Number
4. Sex Male		le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	,at 4:45P,
6,(b) Hame of husband or  7. Birth date of deceased (mo., day, yr.)		Ort	and that I last saw haliye on	46 to July	2 3 19 46
8. AGE: Years	Months Days	If less than one day	Immediate cause of death Care In Cheek and Maxil	la with	7 Mo.
9. Birthplace	(Town, county, and	eper	Due to		
置 12. Name	Henry Clay	Howeth County. Md.	Dther conditions Arteriosci	erotic	? Years
₹ 13. Birthplace	Ordella Mu		(Include pregnancy within 8	months of death)	1 Teals
14. Maiden name 15. Birthplace	Dorchester	County, Md.	Major findings of operations.		
10.1 1110111111111111111111111111111111	tern shore Statement of the shore statement of the statem	e Hospital	Autopsy results		
17(Burial, cremation, o	All. Bate the	m. 11. a.161	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Oate of	
Location	ieds or	one ma	injured at home, farm, Industry, public place (v		
18. Funeral director	Kennett	R. Thomas	Means of Injury	Injured at work?	mlesub
19. (Date rec'y by regis	19. #6	me Marcy from Registre	23. SIGNATURE Address.		or other

RECEIVED

JUL 12 1946

BUREAU V.B.

2411 N. Charles St., Baltimore (73-2)

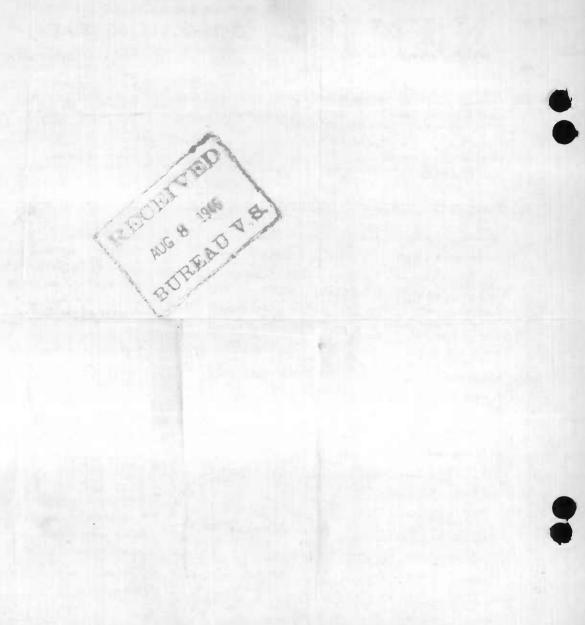
06961

### CERTIFICATE OF DEATH

	Ace, State North American
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town East New Market  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State Maryland County Dorchartes  City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William a. Jankins	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Make Colored Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  21. 21. 22. 21. 21
6.(b) Name of husband or wife Caroline Jenseins	121. I CERTIFY that death occurrenon the date above stated; that alterpted deceased from
7. Birth date of deceased (mo., day, yr.)  RACE: Yeara   Months   Days   It less than one day	and that I last saw h Anna alive on uly 30 18 6
71 4 18hrsmlr	in.
9. Birthplace Darchester Counte Maryland (Town, county, and state)	Oue fo
10. Usual occupation	Oue to
12. Name foly fenkins  13. Birthplace Dorchester County, Manyland	Other conditions
14. Maiden name Hester Banka'  15. Birthplace Darchaster County Waryfand	Major findings of operations.
16. Informant Welner Jenkins	Antapsy results
Address 16 fo French Street, Thiladelphia to  17. Burial Date thereof august 4, 1946 (Burial, cremation, or removal, Which?)  Date thereof (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory. East New Market Colored Conetary	Where did injury occur?
Location East New Market Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director A. J. Framptom and Son	Meena of injury Injured at work?
Address Federalsburg Wangland	23. SIGNATURE WCHarley MD
18 August 3 18 46 Elzsbert C. Amith (Date fee'd by registrar)	ar Address turbock Ma Date signed 8 11 46

MARGIN RESERVED FOR BINDING

VŠ A15



MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

06967 Reg. Dist. No.

			neg. D	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HC	ME) OF DECEASED:	
County Dorchester Cambridge (Rural)		state Maryland		chester
City or town. Cambridge (E) (If outside city or town limits, write RURAI How long in above place of death? all of 13	and give nearest town)			******************************
How long in above place of death? all of li	Lfe	City or town. Cambrid	town limits, write RURAL	and give nearest town)
Hospital, Institution, or street address where death occurred:		Street No. R.F.	D.#3	
R.F.D.#3	***************************************	(1f	rurai, give LOCATION)	•••••••••••••
Now long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Socia	al Security Number
Alfred Ki	lah			
4. Sex 5. Color or race 6.(a) Single, marri	led, widowed, or divorced	MEDI	CAL CERTIFICAT	rion
male colored wide	owed	20. DATE OF DEATH July	28	46 .6-15P
Metilde Rei	llew			
6.(b) Name of husband or wife. Matilda Bai	sed	21. I CERTIFY that death occurred on t		
	ve, give ageyears	and that I lasI saw halive on		
deceased (mo., day, yr.) September	1878	The state of the s		
0. 1102.	less than one day	Chronic Myoc		
67   10   x	hrsmln.			
9. Birthplace Maryland (Town, county, and state)		Due to. X		
(Town, county, and state)		Due to		
1B. Usual occupation. Laborer	***************************************	Due to X		
1t. Industry or business Farm		Due to		
至 12. Name X		Other conditions X		
12. NameX				
		(Include pregnancy	within 3 months of death)	
Ellen Kiah  15. Birthplace Md.		Major findings of operations		•••••
		,		of op
t6. informant Willis Kiah (so		Autopsy results		
Address Cambridge, Md. R.F.	D.#3	PHYSICIAN: Please underline the c	ause to which death should	he charged statistically.
17. Qurial Bale Ihereof. 9	ulu 31 1941	22. VIOLENCE: If death was due to e		
17. Survival Dale Ihereof. Qualification, or removal, Which?)	(ponth) (day) (year)	Accident, suicide, or homicide,		
Cemetery or crematory Completing	V	Where did injury occur?(City	or town) (Conn	ty) (State)
Location & Consumition	set la ma	Injured at home, farm, Industry, public		
14 M 2 M 2		Means of Injury	Injured a	
18. Funeral director.	January !	0 11 10		, 201
Address Cambriday	ma.	Janes Ohr	wer, De	1. Med Exam.
19. 7-3/ 1946 Alan	mare h no	23. SIGNATURE	wa, ~	
19. (Date rec'd by registrar)	Registrar	Address Cambridge	, Md.	Date signed 7/28/46

AUG 1 1916

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

### CERTIFICATE OF DEATH

Reg. Dist. No.

06964

City or town (If outside city or town ilmits, write RURAL and give nearest town)  How long in above place of death?  Hospitat, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowedly or divorced  Single, married, widowedly or divorced  Single, married, widowedly or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that de A occurred on the gate above stated: the traiting of deceased from
	July 23 1.46 1. July 25 1.46
7. Birth date of years	and that I last law h MA alive on Orely 23 1946
deceased (mo., day, yr.) Not Rnawn	Immediate cause of death
8. AGE: Years Months Days It less than one dayhrsmin.	Test Atrope 2 days
9 Rirthplace	Due to.
9. Birthplace	
10. Usuat occupation.	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name	Major findings of operations.
15. Birthplace	
	Oate of op.
16. Informant	Antopsy results
Address	22. VIOLENCE: tt death was due to external causes, till in the tollowing;
17 Durial Date thereof Leiles 79, 1941	
(Burial, cremation, or removal. Which (burial, cremation, or removal. Which (day) (year)	Accident, suicide, or homicide
Cemetery or crematory and the general complete the complete to the complete the com	Where did injury occur?
Location ambridge md	tnjured at home, tarm, Industry, public place (where?)
Lavi & Banner	Means of Injury Injured at work?
Address Cambridge Maryland	Wo Harrison MD
Daly 26 19 46 Elizabeth Clinic	23. STORATURE M. D. or other M. D. or other Tables of Tables and Tables of T



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46m

### CERTIFICATE OF DEATH

(A) (169676 Reg. Dist. No.

County County City or town limits, write RURAL and live nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).  State  County  City or town  (If outside city or town limits, write RULL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 211 academy V-
	(If rural, give LOCATION)
How long in hospital or instilution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
dansa Jane Moo	el mone
4. Sex 5. Color or race 6.(o) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale white widowed	20, DATE OF DEATH July 21 21 21, 19 46 at 7:45 M
Chrolen Richard Morne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	april 18 & 10 Death 19
7. Birth date of	and that I last saw h. [] allive on
deceased (mo., day, yr.) March 16-186/	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death. Charles DURATION
85 4 5nin.	marked secondaly
0 7 7 0 0 0	
9. Birthplace Courting A. J. C.	Due to Ca Off The Gold C
(Town, connty, and state)	metadele te Lympa
10. Usual occupation.	Due to meder of needs H 2 Mbs
11. Industry or business	abstruction 8/ maplatule
12 Name Thomas Bradley	Other conditions of all xxhiehuetie a 2 min
12. Name Shows Fradley 13. Birthplace Slove &	eleleten Tages extremiles
	(Include pregnancy within 3 months of death)
14. Maiden name Farreett Tambrell  15. Birthplace  15. Birthplace	Major findings of operations
S 15. Birthplace .	Date of on.
The m. m sare	
18. Informant	Antopsy results
Addrass Cambridge, ona,	
17 Journal Date thereot July 24-194	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Buriai, cremation, or removai. Which?)	Accident, suicide, or homicide
Cemetery or cremetery Carulrusts	Where did injury occur?
Coulred md.	tigured at home, farm, industry, public place (where?)
Location	
18. Funeral director Securetta K. Olowas	Means of Injury Injured at work?
Address Cambridge Md.	11th 1 22 A
AUGIOSS COLOR OF TOTAL	23. SIGNATURE / Whompson ved
18 July 24. 19 46 Valumace fr. son	At 1. At Durd M. D. or other
(Date rec'd hy registrar) Registrar	Address Combile Com Date signed 22 kills to





06966

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No	// 6
1. PLACE OF DEATH:  County Dorchester  Cambridge  (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  Maryland State Dorcheste:  City or town Cambridge  (If outside city or town limits, write RURAL and give no	
How long in above place of death? 2 months Hospital, Institution, or street address where death occurred: 10 Noble St.	Street No. 10 Noble St.	
How long in hospital or institution?	2.(a) If veteran, name war	*******************************
3. (a) FULL NAME  Jean Marie Pinder	3. (b) Social Security	Number
female   5. Color or race   6.(a) Single, married, widowed, or divorced   female   colored   single	MEDICAL CERTIFICATION  20, DATE OF DEATH	5 at 2-10P
6.(b) Name of husband or wife	X X	
7. Birth date of deceased (mo., day, yr.) May 9, 1946	and that I last saw halive on	19
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
9. Birthpiace Cambridge Md. (Town, county, and state)	Bronchitis (Acute )  Oue to	•••••••••••••••••••••••••••••••••••••••
10. Usual occupation	Due to	
12. Name James Johnson  13. Birthplace Md.		<u>x</u>
Hary Marshall	(Include pregnancy within 3 months of death)  Major findings of operations.	***
16. Informant Mary M.Pinder (mother)  Address 10 Noble St Cambridge, Md.	Autopsy results	••••••
1 Belling Common Office (Burial, cremation, of removal, Which?)  Cemetery or crematory  Oate thereof. (Month) Cday) (year)	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide	
16. Funeral director Leuns H. Baroner	tnjured at home, farm, Industry, public place (where?)	
Address Camberdal not	- 23 Stonature St. Shriver. Dat. Med.	d
19. (Dato rec'd by pogistrar) (Registrar)	AV-F	or other 7/25/46

Registrar Address Cambridge,

Date signed 7/25/46

PLEASE WRITE PLAINLY, WITH UNF, is especially important.

ABING INK. Supply every item of information carefully. The correct age Thys cians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



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information carefully of death clearly and

1. PLACE OF DEATH:

County Dorchester

PLEASE

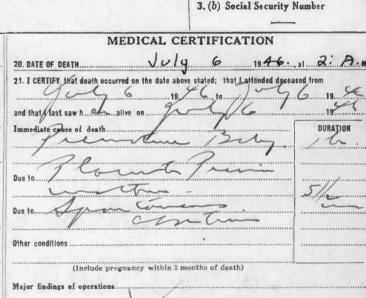
2411 N. Charles St., Baltimore 160-

### CERTIFICATE OF DEATH

,,,,,,	L OI	DLAIII	Reg. Dist. No	
		L RESIDENCE (HOM newborn Infants give residence		
	State		County	
	City or tow		n limits, write RURAL and give nearest to	wn)
	Street No.	(If rur	al, give LOCATION)	
	2.(a) If ve	teran, name war	, give bocation)	

3. (a) FULL NAM	E Int	-ant	Girl"	Poole
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, o	r divorced
Female	White		Intant	-
8. AGE: Year	yr.) July s Months		If less than one of	
9. Birthplace	(Town,	county, and s	***************************************	

(If outside city or town limits, write RURAL and give nearest town



PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

Injured at home, farm, Industry, public place (where?) .....

Accident, suicide, or homicide.....

Where did injury occur? ......

Meens of Injury

23. SIGNATURE

Date thereof Uv/v 6, 1946 (mucht) (day) (year) Cometery or crematory Dorchester Memorial Park 18. Funeral director Le Compte's Funeral Service Cambridge, Maryland.

M. D. or other

(County)

JUL 8 1946
BUREAU V. S.

ESPAJO TO STATISTICS

10 95 - 10 - 615

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JUL 26 1946
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M. Dar other Quell.1946

DING INK. Supply every item of information carefully. The cophysicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-6

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A	Reg	Diat.	No.	1	4

CERTIF	ICAIE OF DEATH
1. PLACE OF DEATH:  county Dorchester  City or town Rural-Woolfords  (If outside city or town limits, write RURAL and give nearest town long in above place of death? 34 Years  How long in hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland county Dorchester  City or town Rural-Woolford  (If outside city or town limits, write RURAL and give nearest town)  Street No. Woolford  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME  Everett M. Shento	3.(b) Social Security Number 220-01-8132
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male White Married	
6.(b) Name of husband or wife Blanche Newberry  6.(c) It alive, give age 57  T. Birth date of deceased (mo., day, yr.) Oct. 4, 1879.  8. AGE: Years Months Days If less than one day  66 9 27 hrs.	21. I deriff hat death occurred on the date above stated; that (at)ended duceased from  Acc. 19. 16 to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace Church Creek, Dor. Co., Md.  (Town, county, and state)  10. Usual occupation Carpenter  11. Industry or business Carpenter    12. Name	Due 10. Lancum M. Tongul  Due 10. Differ conditions.  [Include pregnancy within 3 months of death]
14. Malden name Jane M. Bell 15. Birthplace Maryland 16. Informant Mrs. Wildon Lord Jr.	Major findings of operations adjustance make of op. Jan 12,194
Address Laurel, Maryland  Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory Old Trinty Church Ceme  Location Church Creek, Maryland  18. Funeral director LeCompte's Funeral Servi	Where did injury occur?
Address Cambridge arvland.	M-706-15

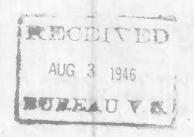
Registrar

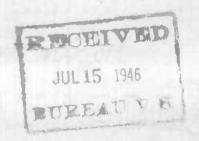
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PLEASE WRITE P VS-A15

(Date rec'd to registrar)

PLAINLY, WITH UNIS especially important





M. D. or other

Date signed 7/29/46

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland  County Dorchester  City or town. Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Street No. 9 Light Street
Home	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number

upply every item of information carefully. The correct age ase write the causes of death clearly and legibly.

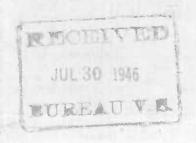
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES M. TODD.	
4. Set   5. Color or race   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20 DATE OF DEATH  21 A9C at C 40 A
6.(b) Name of husband or wite Etha A Todd 6.(c) If allve, give age 65 7. Birth date of 9.3.6.7.2075	20. DATE DF DEATH JULY 27 496 at 6. 4. 1  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46 to 9.65 26 19.46
deceased (mo., day, yr.) 2-10-1877	Immediate cause of death Collinorie Decigo DURATION
8. AGE: Years   Months   Days   If less than one day	carlities () 6200.
9. Birthplace Toddville, Md. (Town, county, and state)  10. Usual occupation. Carpenter  11. Industry or business	Due to
11. Industry or dusiness    12. Name	Dther conditions
14. Maiden name Katie C. Burns	(Include pregnancy within 8 months of death)  Major findings of operations.
16. Informant Mrs Wendell Vickers  Address Cambridge, Md.	Autopsy results
17 Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory  Cambridge, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director LeCompte Funeral Service Address Cambridge, Md.	Meens of Injury Injured at work?

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING IN is especially important. Physicians

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Reg. Diat. No.

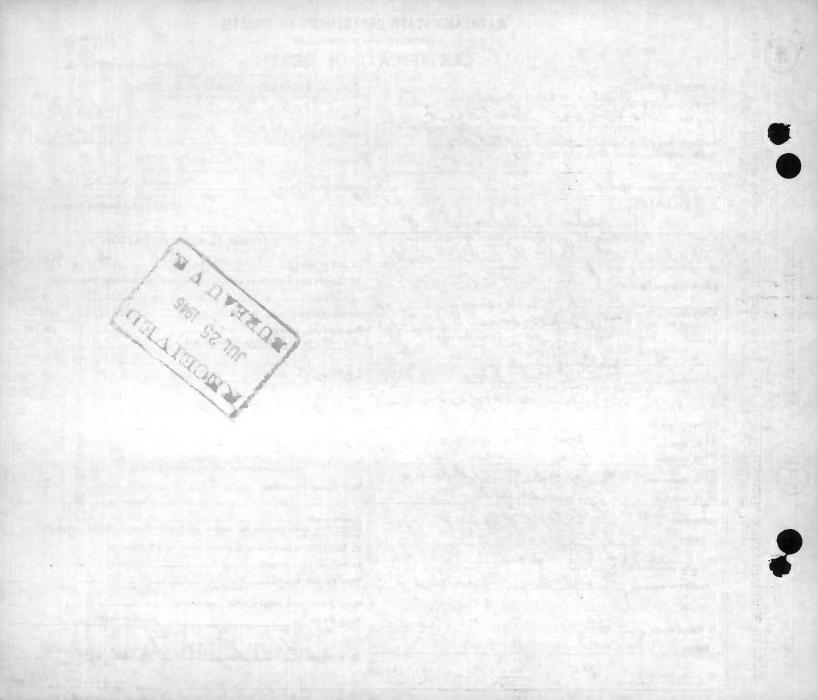
(County)

Injured at work?

M. D. or other

. Date signed 2

DURATION



2411 N. Charles St., Baltimore 940

06973

M. D. or other

# CERTIFICATE OF DEATH

				Neg. Disc. No	
1. PLACE OF DEATH: Dorchester  County			(If outside city or town limits, write RURAL and give nearest town)		
206	Race St.	death occurred:	Street No. 206 Race St. (If rural, give LOC.	A TYLONIA	
How long in hospital	or institution?				,
3. (a) FULL NAI		oward Webb	3	(b) Social Security N 215-09-38	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERT	IFICATION	
male	white	married	20. DATE OF DEATH July 17	19 46	, 5-5 F
		toria Todd	21. I CERTIFY that death occurred on the date above sta	ted; that I attended deceas	ed from
7. Birth date of deceased (mo., day			and that I last saw halive on	x	19
8. AGE: Yes		Days If less than one day 26	Immediate cause of death Disease of Coronal Arte	ry eries	DURATION 1 Vr.
9. Birthplace	Marylan (Town,	d county, and state) red •	Due to		
		re Street Railways	Due 10	- 1	
	John We		Dther conditions X		0000
12. Name		Maryland	THE RESERVE OF THE PERSON OF T		
14. Maiden nam 15. Birthplace	Fannie	Warner	(Include pregnancy within 3 month		***************************************
	7 0 4 0 787	Maryland			
		ebb	Antapsy results		
		- Cambridge, Md.	22 VIOLENCE II death was due to eviewed across to		
17. Buni	on, or removal. Which?)	Date thereof	4 Accident, suicide, or homicide		
		awn Cemetery	and the second s	(County)	(State)
LocationC	bridge. M	aryland			
		s Funeral Service	nn 41 4	Injured at work?	
	2 4 2			CX 1	1

Registrac

Cambridge, Md.

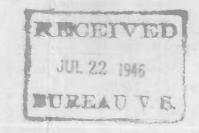
PLEASE WRITE

Date red d by registrar)

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore 934

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TH	

CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH: County. Dorchester County City or town. Cambridge, Maryland (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? 1 yr - 9 mo 23 days Hospital, institution, or street address where death occurred: EAstern Shore State Hospital How long in hospital or institution? 1 yr 9 mol - 23 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)  State Maryland County Dorchester Co.  City or town Cambridge, (If outside city or town limits, write RURAL and give nearest town)  Street No. Glasgow Road  (If rural, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAME Duane West	3. (b) Social Security Number
4. Sex Male Scolor or race Married Married  Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH July 23, 1946  19 19 12:01
8.(b) Name of husband or wifeWinona King	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from  September 5July 824/6, to July 23 19 46  and that I last saw h im alive on July 22 19 46.  Immediate cause of death DURATION  Cerebral Hemorrhage 4 ds
9. Birthplace Pennsylvania (Town, county, and state)  1D. Usual occupation. Grocer	Due to. Cerebral Arteriosclerosis Due to.
11. Industry or business  12. Name Lucius West  13. Birthplace Horth East Pennsylvania  14. Malden name Sarah Martha Johnson  15. Birthplace Maryland	Dither conditions
16. Informant Eastern Shore State Hospital Records  Address Cambridge, Maryland  17. (Burial, cremation, or removal. Which?)  Cemetery or erematory. (month) (day) (year)  Location  18. Funeral director. (Maryland)  19. (Date roofd by registrar)	Autopsy results

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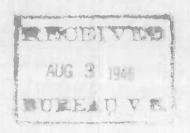
VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

06975

8.60) Name of husband or wife. Robert H. Wheatley  7. Birth date of deceased (no. day, yr.) Sept. 30, 1870  8. AGE: Years Months Cays Itless than one day  75 9 29 hrs. min.  9. Birthplace. East New Market, Maryland.  10. Suala occupation. Domestic.  11. Industry of husbans  12. Name Arthur. Moore  13. Birthplace Maryland  14. Maiden name. Amanda Thomas  15. Birthplace Maryland  16. Intermant. Mrs. Frank Wheatley  Address Wilmington, Delaware  16. Burial  16. Intermant. Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burial  18. Cambridge pregnancy within 3 months of death)  18. Mayor findings of operations  Major findings of operations  Major findings of operations of contents of conten				CERTIFICA	TE OF DEATH	Reg. I	Dist. No. 116
Site MATYLANG. Courty Orchester.    Court   Co	1. PLACE OF DE	EATH:			(For newborn infants give	residence of mother)	
See				state Maryland	county Dor	chester	
Street No.   Street No.   Raryland   Hospital   Street No.   Raryland   Hospital   Raryland   Hospital   Hospital of institution?   S. Days				City or town Rural-C	ambridge	***************************************	
Cambridge Maryland Hospital  New long in benefital or institution?  Days.  3.(a) FULL NAME  Mary Agnes Wheatley  3.(b) Social Security Number  3.(c) Full Name  Mary Agnes Wheatley  3.(b) Social Security Number  3.(c) Full Name  Mary Agnes Wheatley  3.(b) Social Security Number  3.(c) Full Name  Mary Agnes Wheatley  3.(c) Social Security Number  MEDICAL CERTIFICATION  DULl Y 29, 18, 46, at 2:30Ph  21. IEERIFY that death occurred on the date above stated; that I attended deceased from the date above stated. The date of the date above stated attended above stated attended	How long in above place	e of death?	death occurre	d.			L and give nearest town)
How long in heapital or institution?  3. (a) FULL NAME  Mary Agnes Wheatley  4. Sax  4. Sax  5. Color or race  8. (a) Bingle, married, widewed, or diversed Married  8. (b) Hame of humband or wite. Robert H. Meatley  8. (c) It alive, give age 8.3 years  8. (c) It alive, give age 8.3 years  8. (c) It alive, give age 8.3 years  8. AGE: Years  9. Birth date of deceased (mo., 427, 77)  8. AGE: Years  9. Birthpiace Bast New Market Maryland.  10. Usual occupation. Dome stic.  11. Indicator of buildens: Home  12. Hame Arthur Moore  13. Birthpiace Maryland  14. Moiden name Amanda Thomas  15. Informant Mrs. Frank Wheatley  16. Empiral Commentation, or removal Whitch?  Cemetery or crematory. Greenlawn. Cemetary  Cemetery or crematory. Greenlawn. Cemetary  Cemetary or crematory. Greenlawn.  Cemetary or crema							
3. (d) FULL NAME  Mary Agnes Wheatley  4. Set  5. Color or race  Married  S. (d) Single, married, widowed, or diversed  Married  Married  8. (d) Name of husband or wife. Robert H. Wheatley  7. Sinth date of deceased from the data shows stated; that lattended deceased the data s		_			11	, , , , , , , , , , , , , , , , , , , ,	
4. Sax   S. Color or race   Coloring R. married widewed, or diversed   Married   Marri			-				
B.(b) Name of husband or wife. Robert H. Wheatley  B.(c) Name of husband or wife. Robert H. Wheatley  T. Birth date of deceared (m., do.y.y.)  Sept. 30, 1870  B. AGE: Tears Maches Days It less than one day  75 9 29 hrs. min.  S. Birthplace. East. New Market Maryland.  T. Birth date of deceared (m., do.y.y.)  Deale of the state state of death.  DUBATION  T. Birth date of deceared (m., do.y.y.)  B. Market Maryland.  T. Birthplace. Maryland  T. Birthplace Maryl	3. (u)	Ma	ry Ag	nes Wheatley		3. (0) 500	→ Number
8.60) Name of husband or wife. Robert. H. Wheatley  7. Birth date of deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive, give age 8.5 years deceased from S. (c) It alive and that I last saw h. A. alive on first from S. (c) It alive, give and that I last saw h. A. alive on first from S. (c) It alive on first from S. (c) It alive on first from S. (c) It alive, give and that I last saw h. A. alive on first from S. (c) It alive on first from S. (c) It alive on first from S. (c) It alive, give and that I last saw h. A. alive on first from S. (c) It alive on first fr	4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MED	ICAL CERTIFICA	TION
8.(c) Name of husband or wife. Robert H. Wheatley  7. Birth date of deceased (mo. day, yr.)  8. AGE: Vears Months  7. Birth date of deceased (mo. day, yr.)  8. AGE: Vears Months  7. Birth date of deceased (mo. day, yr.)  8. Birthplace East New Market Maryland.  10. Usual occupation. Domestic  11. Maiden name Amanda Thomas  12. Name Arthur Moore  13. Birthplace Maryland  14. Maiden name Amanda Thomas  15. Birthplace Maryland  16. Informant Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burth a company of the case to which death should be charged datistically.  18. Frank Wheatley  19. Determine the case to which death should be charged datistically.  19. Cemetery or cremator, Greenlawn Cemetery  1	Female	White	M	arried	OD DATE DE DESTU	July 29	46 . 2.30B
7. Birth date of deceased (mo. day, yr.) Sept. 30, 1870  8. AGE: Years Months Cays It less than one day 75 9 29 hrs. min.  9. Birthplace East New Market, Maryland.  10. Usual occupation. Domestic.  11. Industry or business Home  11. Industry or business Home  11. Maiden name Afficial and Thomas  15. Birthplace Maryland  16. Informant Mr.S. Frank Wheatley  Address Wilmington, Delaware  11. Burial  12. Name Arlanda. Thomas  13. Birthplace Maryland  14. Maiden name Afficial or removal. Which)  15. Birthplace Maryland  16. Informant Mr.S. Frank Wheatley  Address Wilmington, Delaware  17. Burial  18. Comptel's Funeral Service  Address Cambridge, Maryland.  18. Funeral director. LeComptel's Funeral Service  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.  19. Address Cambridge, Maryland.  19. Address Cambridge, Maryland.		Dohox	4- TT	Mosstan			
7. Birth date of deceased (mo. day, yr.) Sept. 30, 1870  8. AGE: Years Months Days It less than one day 75 9 29 hrs. min.  9. Birthplace. East New Market, Maryland.  10. Usual occupation. Dontestic.  11. Industry or business Home 11. Name Arthur Moore 11. Industry or business Home 12. Name Arthur Moore 12. Sirthplace Maryland 13. Birthplace Maryland 14. Maiden name Amanda Thomas 14. Maiden name Amanda Thomas 15. Birthplace Maryland 16. Informant Mrs. Frank Wheatley Madress Wilmington, Delaware 17. Burial (Uburial, cremation, or removal Which) Date thereof. Aug. 1 1946 (mouth) (day) (rem)  10. Eaction Cambridge, Maryland.  11. Funeral director. LeComptels Funeral Service Address Cambridge, Maryland.  12. Sichalure 1. Sichalu	B.(b) Name of husband	or wifeD.O.O.G.T.	V	wireartea			
8. AGE: Years Months Days It less than one day 75 9 29 hrs. min.  9. Sirthplace East New Market, Maryland.  10. Usual occupation. Domestic  11. Industry or buthness Home  12. Name Arthur Moore 13. Sirthplace Maryland  14. Maiden name Amanda Thomas 15. Informant Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burial 18. Burial, cremation, or removal. Which?)  18. Eueral director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director. LeCompte!s Funeral Service Address Cambridge, Maryland.  19. Karel director death Service Address Cambridge, Maryland.  19. Karel director LeCompte!s Funeral Service Address Cambridge, Maryland.	7. Birth date of	•••••	B.(	c) It alive, give age	and that I last saw halive		
9. Birthplace. East New Market, Maryland.  10. Usual occupation. Domestic.  11. Industry or business Home  12. Name. Arthur Moore  13. Birthplace Maryland  14. Maiden name Amanda Thomas  15. Birthplace Maryland  16. Informant Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burial  18. Burial  19. Cemetery or cremator, Greenlawn Cemetery  Cemetery or cremator, Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. Cambridge, Maryland.  20. Volcance of the came to which death should be charged statistically.  22. Volcance indicate, underline the came to which death should be charged statistically.  22. Volcance indicate, underline the came to which death should be charged statistically.  22. Volcance indicate, underline the came to which death should be charged statistically.  22. Volcance indicate, underline the came to which death should be charged statistically.  23. Signature  24. County (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Injured at work?	deceased (mo., day,	yr.) Sept.	30,	1870		//	
S. Birthplace. East. New Market, Maryland.  (Town, county, and state)  10. Usual occupation. Domestic  11. Industry or business Home  12. Name. Anthur Moore  13. Birthplace Maryland  (Include pregnancy within 3 months of death)  Major findings of operations.  PHYSICIAN: Please underline the canse to which death should be charged statistically.  22. VIOLENCE: Indeath was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Moeans of Injury occur?  (City or town)  (County)  (County	0. 1102.				Cereboral IKE	enorshage.	2 days
(Cown, county, and state)  10. Usual occupation. Domestic.  11. Industry or business Home  12. Name. Arthur Moore.  13. Birthplace Maryland  14. Maiden name. Amanda. Thomas  15. Birthplace Maryland  16. Informant. Mrs.s. Frank Wheatley. Address Wilmington, Delaware  17. Burial (Burial, cremation, or removal, which?)  18. Funeral director. LeCompte!s Funeral Service.  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.	75	9	29	hrs. min	bef		
ti. Industry or business Home  12. Name. Arthur Moore 13. Birthplace Maryland 14. Maiden name Amanda. Thomas 15. Birthplace Maryland 16. Informant Mrs. Frank Wheatley Address Wilmington, Delaware  17. Burial (Burial, cremation, or removal, Which) 18. Funeral director. LeCompte's Funeral Service Address Cambridge, Maryland.  19. Address Cambridge, Maryland.	9. BirthplaceEa.	st New Ma	rket,	Maryland.	Que to allerio	Elesonia	
tt. Industry or business Home  12. Name Arthur Moore  13. Birthplace Maryland  14. Maiden name Amanda Thomas  15. Birthplace Maryland  16. Informant Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burial Burial Bate thereof. Aug. 1, 1946 (month) (day) (year)  Cemetery or crematory. Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director. LeCompte!s Funeral Service  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.					generale	ged & Cereb	ial 4518 t
Dither conditions Callate Hallus 2 day  12. Name Arthur Moore  13. Birthplace Maryland  14. Maiden name Amanda Thomas  15. Birthplace Maryland  16. Informant Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burial (Borial, cremation, or removal, Which?)  Cemetery or crematory Greenlawn Cemetery  Location Cambridge, Maryland  18. Funeral director Le Compte's Funeral Service  Address Cambridge, Maryland  19. Account Augusta Service  Address Cambridge, Maryland  20. Signature  21. Date of operations  (Include pregnancy within 3 months of death)  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  Autopsy results  PHYSICIAN: Please underline the canse to which death should be charged statistically.  22. VIOLENCE: Indeath was due to external causes, fill in the tollowing;  Accident, suicide, or homicide  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Means of injury  M. D. or other  M. D. or other					Due to	<i>y</i>	
14. Maiden name. Amanda Thomas  15. Birthpiace Maryland  16. Informant. Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.		The state of the s			1	- (0 - 0	
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14. Maiden name. Amanda Thomas  15. Birthplace Maryland  16. Informant Mrs. Frank Wheatley  Address Wilmington, Delaware  17. Burial (Burial, cremation, or removal Which?)  18. Eucremation or removal Which?)  19. Cambridge, Maryland.  19. Address Cambridge, Maryland.	13. Birthplace	Maryland			(Include pregnat	ncy within 3 months of death	h)
Address Wilmington, Delaware  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.	14. Malden name	Amanda I	'homas		Major findings of operations	hory	
Address Wilmington, Delaware  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.	2 15. Birthplace	Maryland	l				te ot op
Address Wilmington, Delaware  17. Burial (Burial, cremation, or removal, Which?)  18. Funeral director. LeCompte!s Funeral Service  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.	t6. Informant	rs. Frank	Whea	tlev			
17. Burial (Burial, cremation, or removal, Which?)  Gemetery or crematory Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. Address Cambridge, Maryland.					PHYSICIAN: Please underline the	e canse to which death should	ld be charged statistically.
Cemetery or crematory Greenlawn Cemetery  Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. August / 19. H. Down Deck Maryland.  19. August / 19. H. Down Other Maryland.					22. VIOLENCE: Indeath was due	to external causes, fill in the t	oliowing;
Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. August / 19. H. John Macel M. D. or other	(Burlal, cremation	n, or removal. Which?	Date thei	(month) (day) (year)			
Location Cambridge, Maryland.  18. Funeral director LeCompte's Funeral Service  Address Cambridge, Maryland.  19. August / 19. H. John Macel M. D. or other	Cemetery or cremat	ory Greenla	wn Ce	metery	Where did injury occur?	ity or town) (Con	unty) (State)
Address Cambridge, Maryland.  19. August / 19. 44 John Macel M. D. or other	Location Car	mbridge,	Maryl	and.			
Address Cambridge, Maryland.  19. August 1-19. H. Dohn Maces Day 23. SIGNATURE. 2016 19. M. D. or other	tB. Funeral director	LeCompte	is Fu	neral Service	Means of Injury	Injure	d at work?
19. The great 1-19 46 John Maces De Do S SIGNATURE.					26	ill E Ve	mel Luck
18. July 18 July 19 19 19 19 19 19 19 19 19 19 19 19 19	QY.	+1.41	(2	1 m. l.n	23. SIGNATURE	) h	M. D. or other
Apare region by registrar   Address   Date signed	19. Wate reed by re	egistrar)		Registral	Address accel	ridge Mil	Date signed ! - # L



2411 N. Charles St., Baltimore (159)

06976

CERTIFICATE OF DEATH

D D . N 176

			Rog. Diat. No	o.4.1.Q		
1. PLACE OF D	Donaha	ster	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Cambridge R.F.D.#2  (If outside city or town limits, write RURAL and give nearest town)				ster		
(1	f outside city or town l	imits, write RURAL and give nearest town	city or town			
How long in above pla	ce of death?or street address where	ll of life	(If outside city or town limits, write RURAL and gi	ve nearest town)		
	Drawbrid	ge	Street No	Street No. R.F.D.#2		
How long in hospital	or institution?	X	2.(a) It veteran, name war	***************************************		
3. (a) FULL NA		ant Willey	3. (b) Social Secu	urity Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	J		
male	white	single	20. DATE OF DEATHJuly 5 19.4			
6.(b) Name of husbar	d or wife	X				
			X 10 to	X19		
7. Birth date of deceased (mo., day		4,1946	and that I last saw hXallye onX	19		
8. AGE: Yes		Days It less than one day	Immediate cause of death			
	x x	1hrs.	Atelectasis			
9. Birthplace	Cambridge (Town,	Md.	Due to Prematurity 8 months			
10. Usual occupation	none	***************************************	Due toX	MO		
11. Industry or busin	ess	x	Due to	***************************************		
当 12. Name E	merson H.	Willey	Diher conditions X			
13. Birthplace		ter Co. Md.	21101 00101[0110	***************************************		
当 14. Maiden nam	Nelli	e Lowe	(Include pregnancy within 3 months of death)			
14. Maiden nam		ster CO. Md.	Major findings of operations			
	merson H.	Willey	Date of op.			
			Antopsy results			
	mbridge,		22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremstic	n, or removal. Which?)	Date thereof July 6 19 (month) (day) (year	Accident, suicide, or homicide			
		ster Memorial Par		(State)		
Location Car	mbridge,	Maryland	Injured at home, farm, Industry, public place (where?)	***************************************		
1B. Funeral director:	LeCompte	s Funeral Service	Means of Injury Injured at work?	?		
	mbridge,		23. SIGNATURE TI- Shriver, Dog.	Med. Exam.		
Date recipity	7 - 19 4	John Mary Ja	23. SIGNATURE M  strar Address Cambridge, Md. Date signature of the signat	D. or other		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



1. PLACE OF DEA	6 AUG 2	CERTIFIC.	ATE OF DEATH  Reg. Dist. No	// 6
CountyDorche	ster Coun	inds, wite RURAL and give nearest town)		3
		death occurred:	City or town. Lambridge (if outside cit) or town limits, write RURAL and give nea  Street No	
How long in hospital or	Institution?.11	yrs. 1 da. 7 mo.		
3. (a) FULL NAME			3.(b) Social Security 1	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M	16	widower	20. DATE DE DEATH JULY 29 19 46	10:50P
7. Birth date of			years December 29 1932 to JULY 29 and that I last saw h. i.m. alive on July 29	9 19 4
8. AGE: Years	Months 6	Days If less than one day 23hrs.	Immediate cause of death arteriosclerotic cardio-vascular min. disease	DURATION 7 years
10. Usual occupation	ara Labor	cohby, and state)	Due to	
里 12. Name	D1 - D	osit, Varyland	(Include pregnancy within 3 months of death)	3 mo.
13. Birthplace	derthe-bri	or ley	major nadiugs of operations	
14. Malden name	Rising Su ern Shore	State Hospital Record	ds A.ADate of op	
14. Malden name 15. Birthplace 16. Informant East Address Ca	mbridge,	Maryland and 3-4	Autopsy results	
14. Malden name  15. Birthplace  16. Informant East  Address Cs  17. (Burisi, cremation,	ambridge, organistical Which?	Maryland and 3-4	Autopsy results	(State)



MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N.-Charles St., Baltimore



## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  County	1
State handant pourte	
(If outside sity or town limits, write RURAL, and give nearest town)	des
City or town	at town)
How long in above place of death?	76 60 W.I.J
(If rural, give LOCATION)	
How long in hospital or institution? 2.(a) If veteran, name war.	
3. (a) FULL NAME	ımber
Centrude Warnader	
4. Sex 5. Color or Face 6.70) Single, married, widowed, or divorced MEDICAL CERTIFICATION	01 00
Temple Col Widow 20. DATE OF DEATH Jely 1976.	1 8 P. M
6.(b) Name of husband or wife	d from
8.(c) If alive, give age years	19
7. Birth date of depased (mo., day, tr.)  1893  Immediate cause of death	DURATION
8. AGE: Years Months Days if less than one day	toris
59, // 8hrsmin.	
9. Birthplace Cherth Crells and Due to alluscations	- 0
(Town, county, and state)	
16. Usual occupation	
11. Industry or business	
12. Name Diher conditions  13. Birthplace Conditions	********
14. Malden name (Include pregnatory within 3 months of death)  Major findings of operations  Date of op.	
16. Informant Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged sta	
Address 3 22. VIOLENCE: If death was due to external causes, fill in the following:	-0
17. (Burial, cremation, or removal, Which?)  Date thereof. (day) (year)  Accident, suicide, or homicide	
Cemetery or crematory Gettel Complained Where did injury occur? (City or town) (County)	State)
togation Cambridge To De injured at home, farm, industry, public place (where?)	
Means of injury / Dajured 91 work?	
18. Funeral director.	
Address 23. SIGNAZOR. M.D. or	otber
19. (Date red by registrar) 19 46 Share Registrar Registrar Address Cambri de Malate signed	2,11/

JUL 15 1946 BUREAU V B